

**Child & Youth Services Hold & Harmless Agreement**

**DATE:** \_\_\_\_\_

**ACTIVITY:** \_\_\_\_\_

**PARTICIPANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**MILITARY** \_\_\_\_\_ **DOD CIVILIAN** \_\_\_\_\_ **NOT AFFILIATED** \_\_\_\_\_  
**UNIT/ORGANIZATION:** \_\_\_\_\_ **RANK/GRADE** \_\_\_\_\_  
**DUTY PHONE:** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**EMERGENCY NOTIFICATION:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

In consideration for being allowed to participate in Child & Youth Services, I hereby release the Fort Detrick, MD 21702-5016 Morale Welfare Recreation (MWR) activities and the United States Government from any and all liabilities or claims arising from my own participation. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government for any loss, damage or injury to my person or property that may occur from any cause whatsoever as a result of taking part in this activity. I also understand and agree that I may be held liable for any damage or loss to the United States Government that is caused by my gross negligence, willful misconduct, or fraud.

**SPONSOR CONSENT**  
I \_\_\_\_\_ (PARENT/GUARDIAN) of \_\_\_\_\_ give consent for an authorized CYS representative to take my child for care, (medical, or dental), in an emergency situation where the condition of the youth represents a serious or imminent threat to his/her life, health or wellbeing. I understand that a conscience effort will be made to notify me prior to such action and the expense associated with such treatment and care, if any, will be borne by me. Treatment at an Army Medical facility may be provided without any additional consent under the provision of AR40-3, paragraph 2-24b.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**  
**AUTHORITY:** Title 10, United States Code, Section 3013, **PRINCIPAL PURPOSE(S):** To obtain child and family program eligibility and background information for proper assignment of individuals into activities, programs and classes; to contact participant's home and parents in the event of an accident or illness; to obtain sponsor consent for the access to emergency medical care. **ROUTINE USES:** To provide information to medical personnel in the absence of a parent; to notify parents in case of emergency; to mail information of interest to the participants; to contact parents when sports or recreational equipment has not been returned to CYS; to contact the child or the child's parents to the child's participation in programs.  
**DISCLOSURE:** Disclosure of requested information is voluntary; however; if information is not provided, individuals may not be allowed to participate in CYS programs.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_